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STATE/TERRITORY: NEW YORK

STATE PLAN AMENDMENT (SPA)#: NY-13-0040-MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

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December 13, 2013

Jason A. Helgeson, Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP-1211)  
Empire State Plaza  
Albany, New York 12237

Dear Mr. Helgeson:

Enclosed is an approved copy of New York's state plan amendment (SPA) 13-0040-MM1, which was submitted to CMS on December 11, 2013. SPA 13-0040-MM1 incorporates the Eligibility Groups – Mandatory Coverage – Adult Group into New York's state plan in accordance with the Affordable Care Act. This SPA was approved on December 13, 2013. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages to be incorporated within a separate section at the back of New Jersey's approved state plan:

- S32, Pages S32-1 and S32-2

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Patricia Ryan at 212-616-2436 or [Patricia.Ryan@cms.hhs.gov](mailto:Patricia.Ryan@cms.hhs.gov).

Sincerely,

/s/

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children's Services  
New York Regional Office

Enclosure

**Medicaid State Plan Eligibility: Summary Page (CMS 179)****State/Territory name:** New York**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NY-13-0040

**Proposed Effective Date**

01/01/0014

(mm/dd/yyyy)

**Federal Statute/Regulation Citation**

1902(a)(10)(A)(i)(VIII); 42 CFR 435.119

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2013	\$ 1456842233.00
Second Year	2014	\$ 2830721211.00

**Subject of Amendment**

Eligibility Groups - Mandatory Coverage - Adult Group

**Governor's Office Review**☒ Governor's office reported no comment☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal☐ Other, as specified

Describe:

**Signature of State Agency Official****Submitted By:**

Karla Knuth

**Last Revision Date:**

Dec 13, 2013

**Submit Date:**

Dec 11, 2013



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Adult Group

S32

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☒ Under age 19, or

☐ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

### PRA Disclosure Statement

TN: 13-0040-MMI  
NEW YORK

APPROVAL DATE: 12/13/2013  
S32

EFFECTIVE DATE: 01/01/2014



# Medicaid Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.